

BEST AVAILABLE COPY  
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 08936570	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
--	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/				51	
2	/		/				52	
3	/		/				53	
4	/		/				54	
5	/		/				55	
6	/		/				56	
7	/		/				57	
8	/		/				58	
9	/		/				59	
10	/		/				60	
11	/		/				61	
12	/		/				62	
13	/		/				63	
14	/		/				64	
15	/		/				65	
16	/		/				66	
17	/		/				67	
18	/		/				68	
19	/		/				69	
20	/		/				70	
21	/		/				71	
22	/		/				72	
23	/		/				73	
24	/		/				74	
25	/		/				75	
26	2		2				76	
27	2		2				77	
28	2		2				78	
29	/		/				79	
30	/		/				80	
31	/		/				81	
32	/		/				82	
33	/		/				83	
34	2		2				84	
35	2		2				85	
36	2		2				86	
37			/				87	
38			/				88	
39			/				89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	4		4				TOTAL IND.	
TOTAL DEP.	38	→	38	→			TOTAL DEP.	
TOTAL CLAIMS	92		92				TOTAL CLAIMS	